



APPLICATION FOR BARBER EXAMINATION OR FOR A NONRESIDENT BARBER LICENSE

State Form 1877 (R4 / 7-03)

Approved by State Board of Accounts, 2003

Indiana Professional Licensing Agency
302 West Washington Street, Room E034
Indianapolis, Indiana 46204
Telephone: (317) 232-2980
Fax: (317) 233-5559
www.in.gov/pla

INSTRUCTIONS: Applications must be accompanied by a \$50.00 (fifty dollar) examination fee or a \$100.00 (one hundred dollar) non-resident license fee, and one 3 x 5 inch signed photograph.

* Your Social Security number is requested as stated in I.C. 4-1-8-1. Disclosure is mandatory. The number will be given to the Indiana Department of Revenue.

| OFFICE USE ONLY | | | |
|--|---|---|--------------------------------|
| Control number | Certification | Registration number | Date issued (month, day, year) |
| Date of examination (month, day, year) | Grade <input type="checkbox"/> Written _____ <input type="checkbox"/> Practical _____ | Fee <input type="checkbox"/> Examination \$50.00 <input type="checkbox"/> Non-resident license \$100.00 | |

I hereby make application for an examination or for a non-resident license to engage in the practice of barbering in the State of Indiana.

| APPLICANT INFORMATION | | |
|---|-----------------------------------|---------------------------------|
| Name of applicant (print or type) | Date of birth (month, day, year) | * Social Security number |
| Address (number and street) | Residence telephone number () | |
| City / Town, state, ZIP code | | |
| Have you ever applied for a certificate of registration to practice as a barber in Indiana? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If Yes, date (month, day, year) |

| NAME OF BARBER SCHOOL ATTENDED | | |
|--------------------------------|---------------------------------------|-----------------|
| Name of school | Date of entry (month, day, year) | |
| Location of school | Date of graduation (month, day, year) | Hours completed |

| NON-RESIDENT APPLICANT (Application shall be accompanied by certification of license from state of licensure) | | | |
|---|----------------|-------------------------------------|---------------------------------------|
| State of licensure | License number | Date of issuance (month, day, year) | Date of expiration (month, day, year) |

| VERIFICATION AND SIGNATURE | |
|---|--------------------------------|
| I do hereby certify and declare that I have not been convicted of a felony that has a direct bearing on my ability to practice competently, nor have I committed an act which would constitute ground for disciplinary action under IC 25-7-16.1, and that I will abide by and obey all provisions of the law and rules adopted by the board. | |
| I hereby certify that I have personally completed this application and that the answers appearing hereon are true and correct to the best of my knowledge and belief. | |
| Signature of applicant | Date signed (month, day, year) |

| NOTARY CERTIFICATE (SWORN OATH) | | |
|---|--|--|
| STATE OF _____ } COUNTY OF _____ } SS: | | |
| I, _____, having been duly sworn on oath, say that I am the above-named applicant, that I have personally prepared the foregoing application, and that the same is true to the best of my knowledge and belief. | | |
| Signature of applicant | Signature of Notary Public | |
| Printed or typed name of applicant | Printed or typed name of Notary Public | |
| Date subscribed and sworn to Notary Public (month, day, year) | County of residence | Date commission expires (month, day, year) |

(Continued on the reverse side)

MEDICAL CERTIFICATE (Required of all applicants)

I hereby certify that _____ is free from any contagious, infectious, or communicable disease that has been epidemiologically demonstrated to be transmitted through casual contact during the practice of barbering. I further certify the results of the following: tuberculin skin test _____, and Wasserman test _____.

NOTE: This certificate (**required of all applicants**) must be dated less than thirty (30) days prior to the date the applicant is examined or licensed as a nonresident barber.

Signature of Medical Doctor

Printed name of Medical Doctor

Address (**number and street, city, state, ZIP code**)**THIS SECTION TO BE COMPLETED IN BEHALF OF EXAMINATION APPLICANT****CERTIFICATION OF TRAINING**

I hereby certify that _____ has completed fifteen hundred (1500) _____
(Name of applicant)
hours of training and has graduated from the _____ School of Barbering.

Signature of Director/Instructor of school

Printed name of Director/Instructor of school

NOTARY CERTIFICATE

STATE OF _____ }
COUNTY OF _____ } SS:

I, _____, first being duly sworn on oath say that I am the above named, that I have personally prepared the foregoing certificate of training, and that the same is true to the best of my knowledge and belief.

Signature of Director/Institution of School

Signature of Notary Public

Printed or typed name of Director/Institution of School

Printed or typed name of Notary Public

Date subscribed and sworn to Notary Public (**month, day, year**)

County of residence

Date commission expires (**month, day, year**)

PHOTO